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CONFIRMATION NO. 7897

<b>SERIAL NUMBER</b> 10764,103	<b>FILING OR 371(c) DATE</b> 01/23/2004 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> 2944 (203-4027 )
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/466,378 04/29/2003 O.K. P.S.

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*None P.S.*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 04/28/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 19	<b>TOTAL CLAIMS</b> 2	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged <i>Ryan</i> Examiner's Signature	<i>P.S.</i> Initials		

**ADDRESS**  
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**TITLE**  
 Surgical stapling device with dissecting tip

<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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